



**Khmer Health Advocates, Inc.**

**សមាគមគាំទ្រសុខភាពខ្មែរ**

*Treatment and Advocacy for Victims of Torture*

ITR

March 6, 2014

**Testimony for the Committee on Insurance and Real Estate  
Raised Bill No. 202: *AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR  
TELEMEDICINE SERVICES***

My name is Theanvy Kuoch and I am a survivor of torture and genocide from Cambodia. I am also the Executive Director of Khmer Health Advocates (KHA), the national health organization for survivors of the Cambodian holocaust, located in West Hartford, CT. We have been providing torture treatment service to the Cambodian American community since 1984 and are a founding member of the National Consortium of Torture Treatment Programs. Torture Treatment Programs are specialty health homes for victims of massive trauma that focus on behavioral and supportive health issues and the coordination of medical services for a population of patients that have complex health care needs.

I am writing in strong support of raised bill 202: *An Act Concerning Health Insurance Coverage for Telemedicine Services*. In 2003, KHA received a grant from the Department of Commerce Technical Opportunities Program to develop telemedicine services for torture victims. For more than a decade, we have been testing and using telemedicine to improve health care delivery for a population that is geographically dispersed across Connecticut and have multiple barriers to care including language, culture and cognitive impairments that challenge traditional health delivery systems. We have been able to prove that Limited English Speaking patients who were functionally illiterate in English and Khmer could effectively use telemedicine equipment to access health care.

Over 4,000 Cambodians have resettled in Connecticut. We have extremely high rates of depression (51%), PTSD (62%), diabetes (29%), hypertension (49%) and stroke (9%) compared to the American population. Approximately 20% of Cambodians living in Connecticut have an average of 5 chronic diseases that begin at least a decade earlier than other populations. The health care costs for this group is over **\$22 million per year** and our outcomes are extremely poor. Khmer speaking survivors have been consistently satisfied with the services they receive via telemedicine because it allows them to have greater access to providers who speak their language and understand their culture, and hence the context of their health problems. Organizationally, telemedicine allows us to extend the capacity of our staff by 25% while greatly reducing travel expenses. The improvements in hardware and broadband technology make it possible to effectively use telemedicine with the majority of our patients. We would like to use telemedicine with at least 50% of people seeking care at our program. The greatest obstacle to improved access to care is the lack of consistent payment mechanisms for telemedicine.

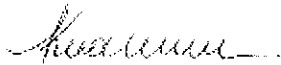
Care of complex traumatized patients often requires more frequent care encounters rather than longer sessions. Telemedicine units put into patients' homes allow us to monitor their conditions and prevent Emergency Room visits and hospitalizations while at the same time engage the survivor more actively in their healing process. A recent study conducted by KHA and the

University of Connecticut revealed similar health outcomes and cost savings when intensive medical management was delivered in-person or through a videoconferencing telemedicine service. For every dollar to provide the service, six dollars in health costs were saved, including a 50% reduction in emergency room visits, and 75% reduction in hospital admissions.

During the Khmer Rouge Regime, Cambodia lost 90% of its educated professionals and today we have few Khmer speaking health care providers and community health workers to help us with our chronic diseases. We know from a recent study in Connecticut that our community will actively engage in their own health care if they have the necessary support. Vulnerable populations with few resources are not being treated adequately in our current health care system. We need innovative methods of removing barriers to care and sharing resources. Health information technology and telemedicine are tools for improving care and we need to use them effectively. We can only do this if providers are able to make them a viable part of their practice. In 2008, the National Cambodian American Health initiative developed a model of care that uses telemedicine to share the extraordinarily rare resources available to a community that lost 90% of its health professionals to genocide. Indeed, for many Limited English Speaking special needs communities, telemedicine is the only hope for getting adequate care to their high-risk, high-cost patients. Therefore, we strongly urge you to pass raised bill 202: ***An Act Concerning Health Insurance Coverage for Telemedicine Services.***

Thank you for your consideration of this bill.

Sincerely,



Theanvy Kuoch, M.A, L.P.C.  
Executive Director, Khmer Health Advocates